

SOUTH DAKOTA BOARD OF PHARMACY

Nonresident (Out-of-State) Pharmacy

**User Guide and
Renewal Application Instructions
Includes Change of Ownership (CHOW)
Valid through 4/30/2024**



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Nonresident Pharmacy Renewal Application

Table of Contents

General Information	3
List of required documents for upload in application	3
General Notes.....	4
Profile/Account Set Up	4
My Profile Page Information	6
Business Profile Information.....	6
Registration Information.....	7
Primary Address.....	7
Mailing Address Information	7
Contact Information.....	7
Document Details.....	8
Payment History.....	8
Renewal Details.....	8
Renewal Application Begins Here	9
Validation of Current Information – My Profile Page	9
Non-resident Instructions	9
Renew or Change of Ownership Application for nonresident pharmacy.....	10
Pharmacy Information and DEA License.....	11
Home State License/Inspection	13
Ownership.....	14
Sole Proprietorship/Single Member LLC.....	14
Partnership.....	15
Corporation.....	16
LLC.....	17
Other	18
Employees.....	19
Prescription Drug Monitoring Program	20
Regulatory Question	22
Application Input Preview.....	22
Affirm and Submit.....	23
After the Renewal Process – Helpful Information.....	25
How to print license	25
How to print a receipt	25
Troubleshooting and Other Tips	26
I’m having trouble getting through the licensing process	26
Tips.....	26
Reset Password.....	26

General Information

1. License fee: \$200.
2. **All fees are nonrefundable and nontransferable.**
3. Payment methods: **MasterCard, Visa, or American Express ONLY.**
 - a. A gift card for any one of these vendors may be used to complete the payment process.
4. All licenses expire June 30. There is no grace period.
5. For current statutes and rules, go to <https://doh.sd.gov/news-statutes/statutes-rules/licensing-boards-statutes-rules/> scroll down to SD Board of Pharmacy, then select the statute or administrative rule section needed.
6. Username and password must be unique for each license. Please keep track of each username and password.

Application must be completed in one sitting.

1. Information entered is not captured until application is submitted and payment process is completed.

List of Required Documents for Upload in Application (in order of upload)

Check dates – do not upload expired documents.

1. **Business description** to include type of business, prescription drugs, and services provided to South Dakota patients.
2. **DEA certificate**, if shipping controlled substances.
3. **Form-Notarized Affidavit Pharmacist-in-Charge.**
 - a. Link to page where form is located: <https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacies/>
4. **Home state license** or primary source verification.
5. **List of all the states** pharmacy is licensed in.
6. **Inspection report** less than 4 years old or written explanation why inspection is not available.
7. **Inspection deficiency responses**, if applicable.
8. **List of pharmacy owners:** owners, partners, officers, and/or member names and titles.
9. Form – **Notarized Supplement to Application.**
 - a. Link to page where form is located: <https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacies/>
10. **List of employees:** staff pharmacists, technicians, and interns names and titles.
11. **Power of Attorney (POA)** document granting signing authority to individual who executed/signed any form above.
 - a. POA should be uploaded with corresponding form.
12. **Court documents**, if “yes” response to regulatory question(s).

Change of Ownership Application (CHOW) Guidance

1. If ownership changes at the parent level or below by 50% or more, a change of ownership application is required.
2. If ownership changes at the grandparent level or above, provide letter to Board.
3. If there is a name change, home state license must show new name.
4. If there is an address change, inspection must be for the new address and location as well as the home state license must reflect the new location/address.
5. A diagram/listing of previous ownership structure and new ownership structure must be provided.

After application submission.

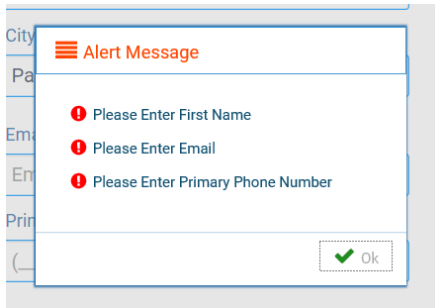
1. Board reviews application, emails submitter if clarification is needed, and approves/denies application.
2. Once approved, a no-reply automated email is sent to submitter.

Instructions to:

1. Check application status: page 8, Renewal Detail section, Status heading.
 - a. Licensure status can also be reviewed at primary verification page: https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx
2. Print pharmacy license (two options): page 25 or page 26.
3. Print payment receipt: page 26.
4. Reset a password: page 27.

General Notes

1. Mandatory fields are marked with a red * in all screens and all those need to be entered before clicking on next.
2. If mandatory fields are not entered, alert message will alert to enter missing fields like below:



Profile/Account Set Up

1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
 - a. **If this is the first time this license has been renewed**, click on sign up and follow the next steps.
 - b. **If this is not the first time this license has been renewed**, after clicking on above link and entering your user name and password, click log in, then skip to page 6, My Profile Page Information.
 - i. Renewal information begins on page 9.



2. Registration.

- a. After clicking on sign up, you will be directed to the registration box.
- b. Permit type: From drop down menu, select type of permit.
- c. Permit number: Input the last four digits of the permit number.
- d. Physical Zip Code: Input the zip code of the facility.
- e. This information must match what is on your current license.
- f. Click Next.

ONLINE BUSINESS PROFILE

RegistrationStep 1 / 2

Please provide the information below.
Click here to verify your Permit #.

* Permit Type

* Permit #

* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space.)

? Forgot Password

3. Credentials.

- a. Email: Input email address.
- b. Confirm email: Input email address used in first line.
- c. User Name: Input a user name.
- d. Password: Input a password.
- e. Confirm password: Input the password from previous line.
 - i. There are no password guidelines or restrictions.
- f. Click Submit.
- g. An Alert Message will appear when registration is successful.

ONLINE BUSINESS PROFILE

CredentialsStep 2 / 2

* Email

* Confirm Email

* User Name

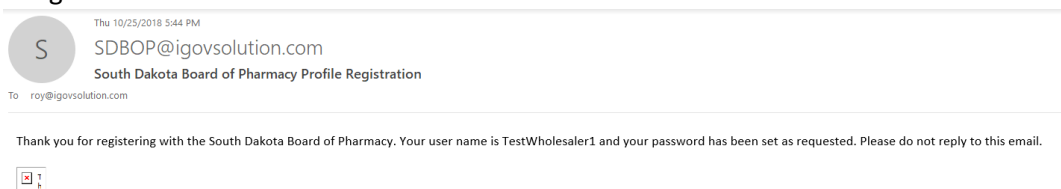
* Password

* Confirm Password

Alert Message

! User registration successful.

4. Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration with a similar message as shown below:



5. User Login.

- You will be returned to the user login page after setting up the account.
- User Name: Input the user name and password used to set up the account.
- Click Login.
- You will be directed to the My Profile page.

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name

Password

Login

Sign up | Forgot password

Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 362-2737

My Profile

(Click the edit buttons to make changes to your information. To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information

Business Name | License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew Print
				Current/Inactive		

Primary Address

My Profile Page Information

My Profile Section contains eight areas of information for review and/or edit.

1. Business Profile Information section.

- This is a non-editable section.
- Fields in this section include the Business Name, License type, DBA Ownership Type, Responsible Person, and Title.

Business Profile Information

Business Profile information

Business Name

License Type

DBA

* Responsible Person

* Title

Please use notification form at the board's website to make any changes to the license including pharmacy name, address, or PIC: <https://doh.sd.gov/boards/pharmacy/assets/Non-ResidentPharmNotificationForm0.pdf>

2. **Registration Information** section.

- a. This is a non-editable section.
- b. Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
- c. The Renew button is used to renew the license. When clicked on, you will be taken to the renewal web page.
- d. Licensee can also print the facility license by clicking on the Print button.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew	Print

3. **Primary Address** section.

- a. This is a non-editable section.
- b. This is the physical location of the pharmacy.

Primary Address

Address Line 1	Address Line 2	Address Line 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	County
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip		
<input type="text"/>		

4. **Mailing Address Information** section.

- a. These are editable fields.
- b. This is the mailing address information if this is different from the physical address location.
- c. To edit, click on the Edit button. Make corrections/changes, then click submit.

Mailing Address information (if different from Primary Address)

Check if mailing address is the same as above.

Address Line 1	Address Line 2	Address Line 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	County
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip		
<input type="text"/>		

Edit

5. **Contact Information** section.

- a. These are editable fields.
- b. This section contains the phone number, alternate phone, e-mail, and fax of the business.
- c. To edit, click on the Edit button. Make corrections/changes, then click submit.

Contact Information

Phone	Alternate Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax		
<input type="text"/>		

Edit

6. **Document Details** section.

- a. This section contains all the documents uploaded as part of the application/renewal.
- b. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
- c. To upload a document:
 - i. Document Type: select type of document from the drop-down list.
 - ii. Documents: Click on 'Attach' button to select/browse for the file from the local folder.
 - iii. Upload document: Once document is selected, click on upload document.
- d. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

Document Details

Note: Application documents will be uploaded during the application process. This area is to upload documents after application is submitted, if needed

Document Type: Select Documents Attach Upload Document

Date	Document Type	File Name	Download
12/11/2019	Inspection - Out of State		Download
12/11/2019	Renewal		Download
12/11/2019	States licensed in		Download
12/11/2019	Owner or Corporate Officer Certificate Form		Download

7. **Payment History** section.

- a. This section contains payments made for licensure. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
- b. To print a receipt, click on the printer in the receipt column for the receipt needed.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
201912110	Credit Card	12/11/		\$250.00	
201812280	Credit Card	12/28/		\$250.00	
		01/28/		\$200.00	

Page size: 20 Records: 1 - 3 of 3 Pages: 1 of 1

8. **Renewal Details** section.

- a. In this section, licensee can check the status of their renewal application to see if licensure is Pending or if it is Cleared. If license is cleared, it has been renewed.
- b. If it is Cleared, in the Registration information grid it will show the updated license expiration date and last renewal date.
- c. Print your online submitted renewal form, if needed, by clicking on the printer in the print column.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
201906			Clear		
2020052			Clear		
202104			Pending		
202104			Clear		

Page size: 20 Records: 1 - 4 of 4 Pages: 1 of 1

Renewal Application Begins Here

1. **Validation of Current Information – My Profile Page.** After logging in and validating all the information in the My Profile section, click on the Renew icon under the Registration Information section, Renewal column.

(Click the edit buttons to make changes to your information. To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information Edit

Business Name License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	Renew Print
				Current/Inactive		

- a. Renewal process will begin on next page after clicking yes on the confirmation message.

Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

2. **Non-resident Instructions page.**

- a. You will be directed the renewal page with a link for instructions and forms, if needed.
- b. Click Next.

NON-RESIDENT INSTRUCTIONS

APPLICATION FEES ARE NONREFUNDABLE AND NONTRANSFERABLE :

A South Dakota nonresident pharmacy is defined in SDCL 36-11-19.2 as any pharmacy located outside this state that:

- (1) Ships, mails, or delivers any dispensed drug to a resident in this state pursuant to a legally issued prescription; and
- (2) Provides to a resident of this state information on drugs or devices including advice relating to therapeutic values, potential hazards, and uses; or
- (3) Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

1. This "renewal" application should be used by a nonresident pharmacy
 - a. To renew their existing or expired South Dakota nonresident pharmacy license OR
 - b. To submit a change of ownership application (CHOW)
2. If this pharmacy has never been issued a South Dakota license in the past, an "initial" nonresident application should be completed NOT a "renewal" application. See website for "initial" application information, if needed.
3. For nonresident "renewal" application information:
 - a. Please click on this link: [SD Board of Pharmacy – application information](#)
 - i. For instructions
 - ii. For required forms to print, complete, and upload
 - Pharmacist Notarized Affidavit form
 - Notarized Supplement to Application form
 - b. Change of ownership guidance
4. No license is required to ship the following in or within South Dakota:
 - a. Medical devices that do not contain a legend drug.
 - b. Over-the-counter drugs.
5. A pharmacist-in-charge (PIC) of a nonresident pharmacy is not required to have a South Dakota pharmacist license.

3. **Renew or Change of Ownership Application for Nonresident Pharmacy** page.

- a. What type of application is this – check all that apply: Select box in front of application type, either Renew and/or Change of Ownership.
- b. If only Renew is selected, click next to continue.

RENEWAL OR CHANGE OF OWNERSHIP APPLICATION FOR NONRESIDENT PHARMACY

* What type of application is this – Check all that apply

Renew

Change of Ownership

Refer to the user guide/instructions to determine whether or not ownership change meets the board's threshold for change of ownership.

Previous Next

c. If Change of Ownership is selected:

- i. “Do you have either a name change or location change?”: Answer by clicking box in front of yes or no.
 - 1. If answered no: Click on Attach Document to upload the previous and new ownership structure.
 - 2. If answered yes:
 - i. New Legal Name of Business: Input new legal name of business.
 - ii. DBA name: Input business dba name, if needed.
 - iii. Address 1: Input address of business.
 - iv. Address 2/3: Input additional address information, if needed.
 - v. Zip: Enter business zip code.
 - vi. City: Enter business city if it does not auto populate.
 - vii. State: Enter business state if it does not auto populate.
 - viii. County: Enter business county if it does not auto populate.
 - ix. Pharmacy Email: Enter pharmacy email address.
 - x. Previous license number: Enter previous license number.
 - xi. Previous and New Ownership Structure: Click on Attach Document to upload the previous and new ownership structure by clicking on Attach Document.

d. Click next to proceed.

RENEWAL OR CHANGE OF OWNERSHIP APPLICATION FOR NONRESIDENT PHARMACY

* What type of application is this – Check all that apply

Renew

Change of Ownership

Refer to the user guide/instructions to determine whether or not ownership change meets the board's threshold for change of ownership.

Do you have either a name change or location change? Yes No

Home state license must reflect the entity's new name
Inspection must be for new location/address

* New Legal Name of Business DBA Name

* Address 1 Address 2 Address 3

* Zip * City * State

* County * Pharmacy Email

* Previous License Number

* Previous and New Ownership Structure

Attach Document

Previous Next

- 4. **Pharmacy Information and DEA License page.**
 - a. **Non-Resident Pharmacy Information section.**
 - i. Information at the top will prepopulate.
 - ii. Fax number: Input fax number of pharmacy, if desired.

Non-Resident Pharmacy Information

Legal Name of Business (must be the same as DEA title, if applicable) DEA Name (will also appear on SD Non-Resident license)

Address1 Address2 Address3

Zip City State

County (If not in SD, select "Outside SD") Pharmacy Email Phone Number

Fax Number

- b. **Type of Pharmacy section.**
 - i. Type of pharmacy – check all that apply: Click box in front of each item that identifies the type of practice(s) for this pharmacy.
 - ii. If other is selected, Enter Explanation: Input an explanation in the explanation box.

Type of Pharmacy

* Type of Pharmacy – Check all that apply

Retail Hospital Sterile Compounding Non-Sterile Compounding LTC Mail Order

Independent Chain Telepharmacy Central Fill Central Process Other

* Enter Explanation

Explanation

- c. **Description of Type of Pharmacy Practice section.**
 - i. Description of Type of Pharmacy: Click on Attach Document to upload a description of the prescription drugs and services provided to patients in South Dakota.

Description of Type of Pharmacy Practice

Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota

Description of Type of Pharmacy

Attach Document

- d. **Types of Prescription Drugs/Products Dispensed section.**
 - i. Type of prescription drugs/products dispensed – check all that apply: Click box in front of each item that applies.
 - ii. If DEA Controlled Substance is selected:
 - 1. Current DEA License Number: Input DEA license number.
 - 2. DEA License Expiration date: Input DEA license expiration date in MM/DD/YYYY format.
 - 3. Copy of current DEA Certificate: Click on Attach Document to upload copy of DEA certificate.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

DEA Controlled Substance Noncontrolled prescription drugs ("federal legend") Nonsterile compounds

Sterile compounds Consulting services only-no medications dispensed Other

* Current DEA License Number * DEA License Expiration date:

Current DEA License Number MM/DD/YYYY

Copy of current DEA certificate Attach Document

- iii. If other is selected, Enter Explanation: Input an explanation in the required response box.

Types of Prescription Drugs/Products Dispensed

* Types of Prescription Drugs/Products Dispensed – Check all that apply

DEA Controlled Substance Noncontrolled prescription drugs ("federal legend") Nonsterile compounds

Sterile compounds Consulting services only-no medications dispensed Other

* Enter Explanation

Explanation

e. **Pharmacist-in-charge** section.

- i. Pharmacist-in-charge home state license number: Input pharmacist-in-charge’s home state professional license number.
- ii. Pharmacist-in-charge name: Input pharmacist-in-charge’s name.
- iii. Average hours worked/week: Input pharmacist-in-charge’s number of hours worked weekly.
- iv. Pharmacist-in-charge email: Input pharmacist-in-charge’s email address.
- v. Pharmacist-in-charge phone number: Input pharmacist-in-charge’s phone number.
- vi. Notarized Affidavit affirming pharmacist-in-charge understands SD Pharmacy laws/rules and intends to abide by the SD pharmacy law/rules: Click on Attach Document to upload completed notarized affidavit.

Pharmacist-in-Charge

Pharmacist-in-Charge Home State License Number <input type="text"/>	Pharmacist-in-Charge Name <input type="text"/>	Average Hours Worked/Week <input type="text"/>
Pharmacist-in-Charge Home State License Number <input type="text"/>	Pharmacist-in-Charge Name <input type="text"/>	Average Hours Worked/Week <input type="text"/>
Pharmacist-in-Charge Email <input type="text"/>	Pharmacist-in-Charge Phone Number <input type="text"/>	
Pharmacist-in-Charge Email <input type="text"/>	() - - - <input type="text"/>	

Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

f. **License Application Preparer Information** section.

- i. Prepared by Pharmacist-in-charge information: Click box in front of statement if pharmacist-in-charge is completing this application.
- ii. If not prepared by pharmacist-in-charge:
 - 1. Preparer Name: Input preparer’s name.
 - 2. Preparer Title: Input preparer’s title.
 - 3. Company Name: Input preparer’s company name.
 - 4. Address 1: Input preparer’s address.
 - 5. Address 2/3: Input additional address information, if needed.
 - 6. Zip: Input preparer’s zip code.
 - 7. City: Input city if it does not auto populate.
 - 8. State: Input state if it does not auto populate.
 - 9. Preparer Email: Input preparer’s email address.
 - 10. Preparer Phone Number: Input preparer’s phone number.
 - 11. Preparer Fax Number: Input preparer’s fax number.

g. Click next to continue.

Licensure Application Preparer Information

Prepared by Pharmacist-in-Charge Information

* Preparer Name <input type="text"/>	* Preparer Title <input type="text"/>	* Company Name <input type="text"/>
* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* Zip <input type="text"/>	* City <input type="text"/>	* State Select State
* Preparer Email <input type="text"/>	* Preparer Phone Number <input type="text"/>	Preparer Fax Number <input type="text"/>

5. **Home State License/Inspection** page.

a. **Home State License** section.

- i. Home State License Number: Input your home state license number.
- ii. Home State License Expiration: Input expiration date of home state license in MM/DD/YYYY format.
- iii. Home state license or equivalent document: Click on Attach Document to upload a copy of the home state license.
- iv. Other states license in: Click on Attach Document to upload a list of other states licensed in.

The screenshot shows the 'Home State License' section of the application form. It features a blue header bar with the text 'Home State License'. Below the header, there are two input fields: 'Home State License Number' and 'Home State License Expiration'. The 'Home State License Expiration' field has a placeholder text 'MM/DD/YYYY'. Below these fields, there are two 'Attach Document' buttons. The first button is labeled 'Home State license or equivalent document' and the second is labeled 'Other states licensed in'.

b. **Inspection** section.

- i. Type of inspection: From drop-down menu select type of inspection.
- ii. Date of last inspection: Enter date of inspection in MM/DD/YYYY format. Note: Inspection must be less than 4 years old.
- iii. Inspection Document, if no inspection or inspection is over 4 years since an inspection, please upload a document stating reason why: Click on Attach Document to upload inspection.
- iv. "Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?": Click on box in front of yes or no.

The screenshot shows the 'Inspection' section of the application form. It features a blue header bar with the text 'Inspection'. Below the header, there are two input fields: 'Type of Inspection' and 'Date of last inspection'. The 'Type of Inspection' field has a placeholder text 'Select' and a dropdown arrow. The 'Date of last inspection' field has a placeholder text 'MM/DD/YYYY'. Below these fields, there is an 'Attach Document' button. Below the button, there is a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with radio buttons for 'Yes' and 'No'.

- 1. If answered yes, Inspection correction document(s): Click on Attach Document to upload inspection correction document(s).

The screenshot shows the 'Inspection correction document(s)' section of the application form. It features a question: 'Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?' with radio buttons for 'Yes' and 'No'. The 'Yes' radio button is checked. Below the question, there is an input field for 'Inspection correction document(s)' and an 'Attach Document' button.

c. Click next.

6. **Ownership** page.

a. Type of Ownership: Check box in front of sole proprietorship, partnership, corporation, LLC, or Other.

OWNERSHIP

* Type of Ownership

Sole Proprietorship/Single-Member LLC Partnership Corporation LLC Other

Previous Next

b. If **Sole Proprietorship/Single-member LLC** is selected:

- i. Name of Sole Proprietorship: Input name of sole proprietorship/single-member LLC.
- ii. Address 1: Input address of sole proprietorship/single-member LLC.
- iii. Address 2/3: Input additional address information, if needed.
- iv. Zip: Input zip code of sole proprietorship/single-member LLC.
- v. City: Input city of sole proprietorship/single-member LLC if it does not auto populate.
- vi. State: Input state of sole proprietorship/single-member LLC if it does not auto populate.
- vii. Phone number: Input phone number of sole proprietorship/single-member LLC.
- viii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 1. If answered yes: Click next to continue.
 2. If answered no:
 - a. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized affidavit.
- ix. Once completed: Click next to continue.

OWNERSHIP

* Type of Ownership

Sole Proprietorship/Single-Member LLC Partnership Corporation LLC Other

* Name

* Address1

Address2

Address3

* Zip

* City

* State

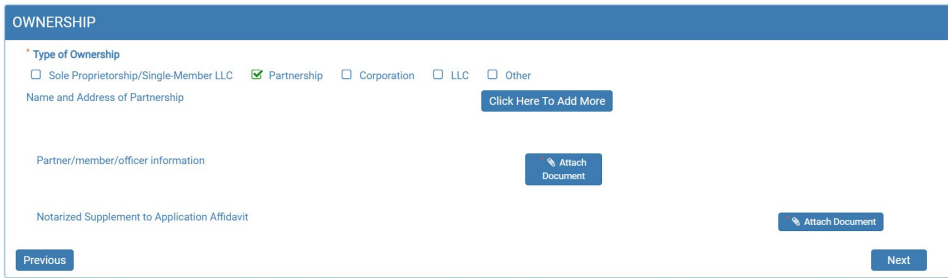
* Phone Number

Is the pharmacist-in-charge 100% owner of the nonresident pharmacy? Yes No

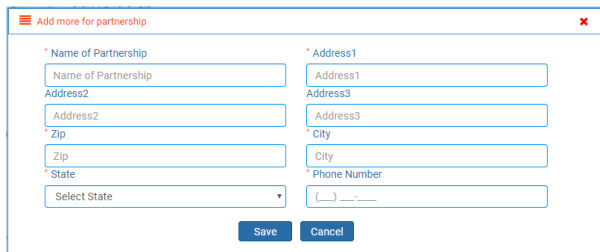
Notarized Supplement to Application Affidavit

Previous Next

c. If **Partnership** is selected:



- i. Partnership: Click on Click Here to Add Partnership. You will get a pop-up box.
 - a. Name of Partnership: Input name of partnership.
 - b. Address 1: Input address of partnership.
 - c. Address 2/3: Input additional address information of partnership, if needed.
 - d. Zip: Input zip code of partnership.
 - e. City: Input city of partnership if it does not auto populate.
 - f. State: Input state of partnership if it does not auto populate.
 - g. Phone Number: Input phone number of partnership.
 - h. Click Save.



- ii. Partner/member/officer information: Click on Attach Document to upload document that has the partner names and addresses.
- iii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 - 1. If answered yes: Click next to continue.
 - 2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

d. If **Corporation** is selected:

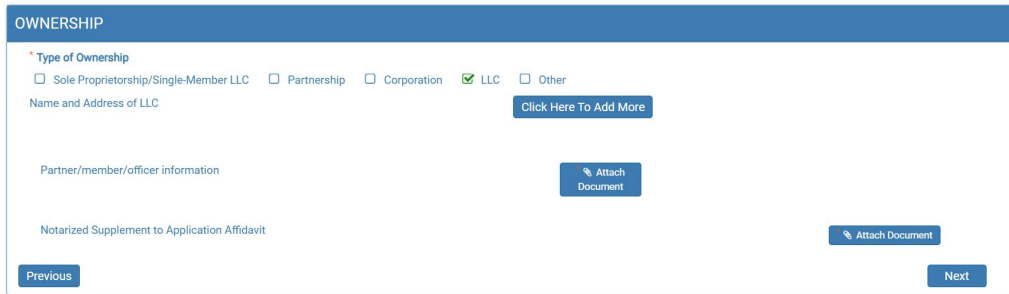
The screenshot shows a web form titled "OWNERSHIP". Under "Type of Ownership", the "Corporation" radio button is selected. There are three main sections: "Name and Address of Corporation" with a "Click Here To Add More" button; "Partner/member/officer information" with an "Attach Document" button; and "Notarized Supplement to Application Affidavit" with an "Attach Document" button. "Previous" and "Next" buttons are located at the bottom left and right respectively.

- i. Corporation: Click on Click Here to Add Corporation. You will get a pop-up box.
 1. Name of Corporation: Input name of corporation.
 2. Address 1: Input address of corporation.
 3. Address 2/3: Input additional address information of corporation, if needed.
 4. Zip: Input zip code of corporation.
 5. City: Input city of corporation if it does not auto populate.
 6. State: Input state of corporation if it does not auto populate.
 7. Phone Number: Input phone number of corporation.
 8. Click Save.

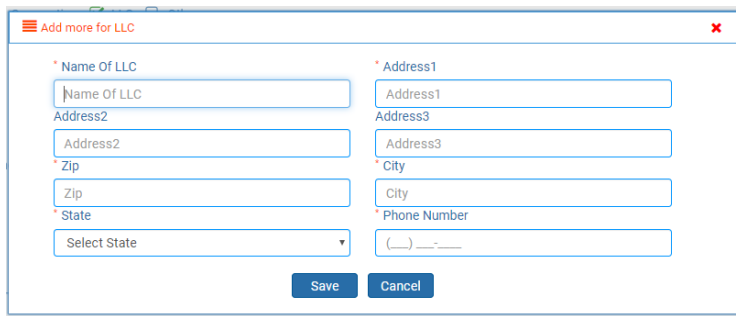
The screenshot shows a pop-up window titled "Add more for Corporation". It contains several input fields: "Name of Corporation", "Address1", "Address2", "Address3", "Zip", "City", "State" (a dropdown menu with "Select State" selected), and "Phone Number" (with a format "() - -"). "Save" and "Cancel" buttons are at the bottom.

- ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.
- iii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 1. If answered yes: Click next to continue.
 2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

e. If LLC is selected:



- i. LLC: Click on Click Here to Add LLC. You will get a pop-up box.
 - 1. Name of LLC: Input name of LLC.
 - 2. Address 1: Input address of LLC.
 - 3. Address 2/3: Input additional address information of LLC, if needed.
 - 4. Zip: Input zip code of LLC.
 - 5. City: Input city of LLC if it does not auto populate.
 - 6. State: Input state of LLC if it does not auto populate.
 - 7. Phone Number: Input phone number of LLC.
 - 8. Click Save.



- ii. Partner/member/officer information: Click on Attach Document to upload document that has the member names and addresses.
- iii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 - 1. If answered yes: Click next to continue.
 - 2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- iv. Once completed: Click next to continue.

f. If **Other** is selected:

The screenshot shows a web form titled "OWNERSHIP". At the top, there are radio buttons for "Type of Ownership": Sole Proprietorship/Single-Member LLC, Partnership, Corporation, LLC, and Other. The "Other" option is selected. Below this are several input fields: "Name of Entity", "Address1", "Address2", "Address3", "Zip", "City", "State" (a dropdown menu), and "Phone Number". There is also a large text area for "Enter Explanation". At the bottom of the form, there are two "Attach Document" buttons, one for "Partner/member/officer information" and one for "Notarized Supplement to Application Affidavit". Navigation buttons "Previous" and "Next" are also present.

- i. Name of Entity: Input name of entity.
- ii. Address 1: Input address of entity.
- iii. Address 2/3: Input additional address information of entity, if needed.
- iv. Zip: Input zip code of entity.
- v. City: Input city of entity if it does not auto populate.
- vi. State: Input state of entity if it does not auto populate.
- vii. Phone Number: Input phone number of entity.
- viii. "Is pharmacist-in-charge sole owner of merchandise and fixtures?": Click box in front of yes or no.
 - 1. If answered yes: Click next to continue.
 - 2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- ix. Once completed: Click next to continue.

7. Employees page.

- a. There will be options to manually input each employee **OR** to upload a full listing of pharmacist, technicians, and interns currently working at this location.
- b. To upload a full listing of pharmacists, technicians, and intern currently working at this location:
 - i. Check the correct boxes for type of employees at the pharmacy. If there are none, check box in front of none.
 - ii. Full Listing of Pharmacist, Technicians, and Interns: Click on Attach Document to upload document that lists all employees.
- c. To do manual input of each type of employee:
 - i. Staff Pharmacists: Click box in front of staff pharmacists if there are pharmacists working at this location. If there are no staff pharmacists working at this location, click box in front of none.
 1. If a manual input is desired for pharmacists: Click on Click here to Add More for Staff Pharmacists.
 2. Staff Pharmacist Home State License Number: Input the pharmacist's home state license number.
 3. Staff Pharmacist Name: Input pharmacist's name.
 4. Staff Pharmacist Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

- ii. Registered Technicians currently working at this location: Click box in front of registered technicians currently working at this location if there are technicians working at this location. If there are no technicians working at this location, click box in front of none.
 1. If a manual input is desired for technicians: Click on Click here to Add More for Registered Technicians.
 2. Registered Technician Registration Number: Input the technician's home state license number.
 3. Registered Technician: Input the technician's name.
 4. Registered Technician Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

- iii. Pharmacist interns currently working at this location: Click box in front of pharmacist interns currently working at this location if there are interns working at this location. If there are no interns working at this location, click box in front of none.
 1. If a manual input is desired for interns: Click on Click here to Add More for Pharmacist Intern.
 2. Pharmacist Intern Registration Number: Input the intern's home state license number.
 3. Pharmacist Intern Name: Input the pharmacist intern's name.
 4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
 5. Click Save.

The screenshot shows a form titled "Pharmacist Interns" with a close button (X) in the top right corner. It contains three input fields: "Pharmacist Intern Registration Number", "Pharmacist Intern Name", and "Pharmacist Intern Average Hours Worked/Week". Below the fields are two buttons: "Save" and "Cancel".

8. Prescription Drug Monitoring Program (PDMP) page.

- a. Read and understand the information in the first paragraph and each statement that follows.
 - i. Select one of the options by clicking box in front of the statement.

The screenshot shows the "PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)" page. It contains a paragraph of text explaining the reporting requirements. Below the text are two unselected checkboxes:

- This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.
- This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.

 At the bottom, there are "Previous" and "Next" buttons.

- b. If this location will be reporting to the PDMP and the first box was chosen:

- i. Days of Operation: Please mark all days that the pharmacy is open.
 1. **Note:** This is only being used for PDMP reporting compliance purposes.

The screenshot shows the "PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)" page. The first checkbox is now selected. Below the text is a section for "Days of Operation: Please mark all days that the pharmacy is open. **This is only being used for PDMP reporting compliance purposes." with checkboxes for Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, and Sunday. The second checkbox for waiver/exemption remains unselected. At the bottom, there are "Previous" and "Next" buttons.

- c. If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen:
- i. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP by checking the box in front of the statement(s) that apply.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

*** Request for Waiver/Exemption from PDMP Reporting (Check all that apply):**

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

[Previous](#)

[Next](#)

- ii. If Dispenser NEVER dispenses ANY controlled substance in Schedule II, III, and IV (includes CV) in or into State of South Dakota statement was selected: Provide an explanation in the required response box.

*** Request for Waiver/Exemption from PDMP Reporting (Check all that apply):**

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

*** Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV in, Provide an explanation**

Explanation

- iii. If Other is selected: Provide an explanation in the required response box.

*** Request for Waiver/Exemption from PDMP Reporting (Check all that apply):**

Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

Other

*** Explanation(Other)**

Explanation

- d. Once complete: Click next to continue.

9. Regulatory Question page.

REGULATORY QUESTION

Since the last renewal has the pharmacist-in-charge, sole proprietor, any other managing officer director, or member plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal? Yes No

Since the last renewal has the pharmacy been disciplined by any state or federal agency that has not been reported? Yes No

Previous Next

- a. “Since the last renewal has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member plead guilty, no contest, or received a suspended imposition of sentence for felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal?”: Click the box in front of yes or no.
 - i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
- b. “Since the last renewal has the pharmacy been disciplined by any state or federal agency that has not been reported?”: Click the box in front of yes or no.
 - i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
- c. Once complete, click next to continue.

REGULATORY QUESTION

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal? Yes No

* Court Document(s)

Attach Document

Has the pharmacy been disciplined in the last four (4) years by any state or federal entity? Yes No

* Attach discipline document(s)

Attach Document

Previous Next

10. Application Input Preview page.

- a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
- b. Use the vertical scroll bar to review the completed application.
- c. Once review is complete: Click Next to continue.

APPLICATION INPUT PREVIEW

NON-RESIDENT INSTRUCTIONS

APPLICATION FEES ARE NONREFUNDABLE AND NONTRANSFERABLE :

A South Dakota nonresident pharmacy is defined in SDCL 36-11-19.2 as any pharmacy located outside this state that:

- (1) Ships, mails, or delivers any dispensed drug to a resident in this state pursuant to a legally issued prescription; and
- (2) Provides to a resident of this state information on drugs or devices including advice relating to therapeutic values, potential hazards, and uses; or
- (3) Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

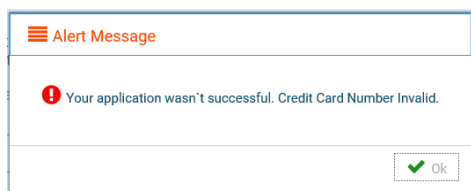
1. This “renewal” application should be used by a nonresident pharmacy
 - a. To renew their existing or expired South Dakota nonresident pharmacy license OR
 - b. To submit a change of ownership application (CHOW)
2. If this pharmacy has never been issued a South Dakota license in the past, an “initial” nonresident application should be completed NOT a “renewal” application. See website for “initial” application information, if needed.
3. For nonresident “renewal” application information:
 - a. Please click on this link: [SD Board of Pharmacy – application information](#)
 - i. For instructions
 - ii. For required forms to print, complete, and upload
 - [Pharmacist Notarized Affidavit form](#)

Previous Next

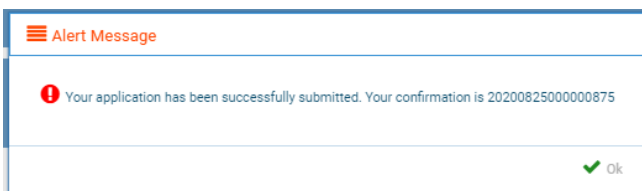
11. **Affirm and Submit** page.

- a. Read and understand the statement at the top, then check the affirmation/certify check box.
- b. E-Signature: Enter full name of person filling out the renewal.
- c. Date: This will auto populate.
- d. Fee: This will auto populate.
- e. Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
- f. Card Type: From drop-down menu select type of credit card you are using.
 - i. **Mastercard, VISA, or American Express only accepted.**
- g. Person's Name on Card: Enter name of person that appears on the credit card.
- h. Card #: Enter Mastercard, Visa, or American Express credit card number.
- i. Expiration date: Enter credit card expiration date in MM/YY format.
- j. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
- k. Once confident that the application is complete: Click on Submit.
- l. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
- m. All application fees are nonrefundable and nontransferable.

- n. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
 - i. Click on Ok: Re-enter the correct information and click on submit to complete the application.



- o. Once successfully submitted, you will get an auto generated reference number. Note the auto generated reference number for your future reference, if needed.
 - i. Click OK when complete.



12. After the confirmation alert message, the completed renewal application will show. Two options are available:
- By clicking on My Profile, this will return to the My Profile page.
 - This application can be printed by clicking on the printer in the upper right corner.

Print Application

South Dakota Board of Pharmacy

NON-RESIDENT PHARMACY RENEW

NON-RESIDENT INSTRUCTIONS

- For application information, instructions, and forms to upload, please go to this link: <https://boh.sd.gov/boards/pharmacy/pharmacists.aspx>

RENEW OR CHANGE OF OWNERSHIP APPLICATION

What type of application is this (Check all that apply):

Renew

Change of Ownership

Please note that after you click the Submit button, you cannot make changes to your application.

13. Once application is renewed, a no reply email will be sent.

After the Renewal Process – Helpful Information

After the renewal process has been completed, at any time you can log back into this account to:

1. Print your license.

- On the My Profile page in the Registration Information section, click on 'Print' to print your license.
- Licenses are no longer mailed out.

(Click the edit buttons to make changes to your information. To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information Edit

Business Name License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renew	Print
Filters	Filters	Filters	Filters	Filters	Filters	Renew	Print
				Current/Inactive			

Drivers Address

2. Print a receipt.

- On the My Profile page scroll down to the Payment History section, click on the small printer under the receipt column to the right for the receipt desired.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	Receipt
201904300	Credit Card	04/30/2019	0000	\$200.00	

Note: Once the license has been renewed, a no-reply email will be sent

1. I'm having trouble getting through the licensing process.

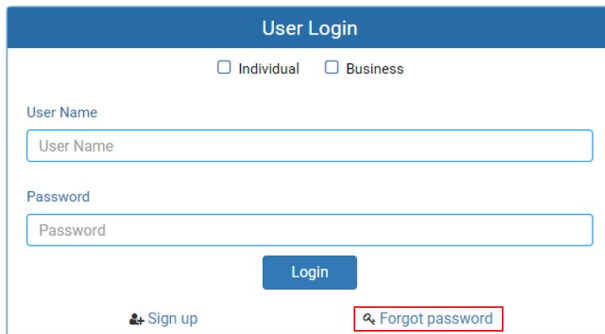
- Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
- This platform does not support the use of a mobile phone.
- If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
- Be sure your pop-up blocker is turned off.
- Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

2. Tips

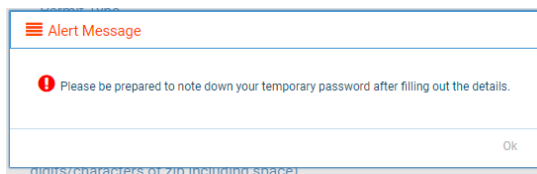
- PDF documents are the preferred type of documents for required uploads.
- Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
- This platform does not support the use of a mobile phone.
- At the top of your licensure documentation, if it includes 'This is a Primary Source Verification' – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #1 on page 24 to see how to print your license.

3. Reset Password

- At the User Login page, click on Forgot Password.



- Upon advancing to the next page, an alert message pops up.
 - PLEASE NOTE THIS:** Please be prepared to write down your temporary password after filling out the details.
 - Click OK.



- c. Return to the **User Login** page.
 - i. Select Business at the top.
 - ii. User Name: Enter your User Name.
 - iii. Password: Input the temporary password from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
 - iv. Click Log In.

The screenshot shows a web form titled "User Login". At the top, there are two radio buttons labeled "Individual" and "Business". Below these are two text input fields: "User Name" and "Password". A blue "Login" button is positioned below the "Password" field. At the bottom of the form, there are two links: "Sign up" (with a plus icon) and "Forgot password" (with a magnifying glass icon).

- d. **Credentials** Page
 - i. Old Password: Enter your temporary password from the Alert Message as the Old Password. If you copied password into a word document, copy and paste the temporary password into the password text box.
 - ii. New Password: Enter a new password.
 - iii. Confirm the New Password: Enter your new password.
 - iv. Click Submit.
 - v. You will return to the log in page.
 - vi. Enter the User name and new password to continue.